
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

Case No. _____

MEMORANDUM OF COSTS

Plaintiff(s),
vs.

Defendant(s).

I swear under oath:

That I am the above named Plaintiff; that to the best of my knowledge and belief the items of costs and in this action are correct and necessarily incurred in this action.

That I have read the Complaint filed in this action and know the contents; that the allegations are true to the best of my knowledge; that the Defendant(s) is/are not minor(s) nor incompetent; that the Defendant(s) was/were properly served, and now owe to the Plaintiff(s) the following amount:

FILING FEE	\$ _____
SERVICE OF PROCESS	\$ _____
OTHER	\$ _____
TOTAL	\$ _____

Date: _____

Signature

STATE OF IDAHO)
) ss.
County of _____)

SUBSCRIBED AND SWORN before me on this _____ day of _____

Notary Public for Idaho

Residing at _____
Commission expires _____